



VACATION EMPLOYMENT AGREEMENT

Please read the Vacation Work MOU (available on our website) for additional information and requirements.

This Addendum serves as a written modification to the Partner agreement between _____ (CWSP partner company) and the Arrupe Corporate Work Study Program, Inc. (ACWSP) as provided in paragraph 2 therein of original contract. Pursuant to the terms of the Agreement, Partner agrees to provide work for _____ (student name) a CWSP employee, for the days indicated below. The Partner agrees to pay the per diem flat rate of **\$180.00**. CWSP will handle payroll issues and pay the student worker a per diem flat rate of **\$150.00**. Students will be paid bi-weekly, once the CWSP office receives student confirmation forms. Partner companies will be billed during the latter part of August, after all summer work is completed.

****Any student required to attend summer school is not eligible to work during the summer vacation. ****

***Please note:** the schedule below is a preliminary agreement between the Partner Company and Student. Changes can be made as needed, and should be communicated directly between the student and supervisor. This document is not used for payroll purposes or for invoicing of the Partner Company. A separate Work Confirmation form will document actual days worked and will be used to issue paychecks and invoice companies. **PLEASE RETURN THIS FORM TO CWSP NO LATER THAN May 11th.**

MAY 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

JUNE 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

JULY 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

AUGUST 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

The student is requested to work on the days indicated by an X (summer work is available June 2nd-August 1st)
In witness whereof, the parties agree to this modification as of the date indicated below:

PARTNER

Supervisor (Print Name)

Signature Date

Phone and Email

Billing Contact/Department (please print)

Billing Address or Email

City, State, Zip

Billing Contact Phone

ARRUPE CORPORATE WORK-STUDY PROGRAM, INC.
A Colorado not-for-profit corporation

Vianney Bernhardt, Director of Operations Date

STUDENT and PARENT (All information is required)

Student Signature Date

Date of Birth

Social Security Number (Required)

Telephone Number *(best number to reach you at during the summer)*

Email Address *(best email to send you information over the summer)*

Home Address

City, State & Zip

Parent Signature